Medical School Curriculum Explained by Anne Cameron

The University of Michigan Medical School has undergone sweeping changes since 2015 when the school received a substantial grant from the American Medical Association to redesign their curriculum. We were one of a small number of schools nationwide to undertake this transformation and since then others have followed suit.

The change happened in waves since the curriculum was so transformed that students already enrolled could not transition to this new curriculum hence the old and new curricula had to reside side by side until 2018 when the new curriculum was completely phased in.

The new curriculum focuses on more patient exposure, exposure earlier and far more emphasis placed on learning from patients. Also a new course Doctoring replaced many of the group sessions students attended on physical examination skills, ethics, communication and standardized patient learning. Also emphasis has been placed on leadership, students finishing a project with an impact (Capstone), and direct coaching of students by faculty.

Student move through what was traditionally two years of didactic sessions in 14 months and this is called the “Scientific Trunk”. The progress students make can be best thought of as a tree where all students move up a common trunk. First the Scientific Trunk and then the Clinical Trunk where all students rotate through seven core clerkships (Internal medicine, Surgery and Applied Sciences – which urology is a part of, OB/GYN, pediatrics, family medicine, Neurology and Psychiatry). The core clerkships are of different lengths from four to twelve weeks in length. Students at this phase are called “Trunk students”.

[Diagram of a tree with multiple branches, representing the different aspects of the curriculum and progression through didactic and clinical phases.]
After the trunk is completed students get a study break and write Step 1. There were significant concerns among students because Step 1 is heavily basic science focused and it was being written much later than usual further away from the science trunk. Those concerns have been laid to rest with step 1 results data from the last two classes. Compared to national averages our students have demonstrated a significant jump in mean scores compared to prior years and a jump in national rankings. The later step 1 does however make it more difficult for students to know where they stand in terms of residency applications, particularly for more competitive specialties such as Urology that also has an early match. So students will take longer to decide their ultimate career and may have less time to plan.

Following step 1 students move into the Branches where they have time for exploratory electives that are often two weeks or research electives depending on their educational needs followed by local and away sub-internship electives. Students are now “Branch Students”. At this time, students also join one of the newly created branches: Patients and populations; Procedure Based care (where urology resides); Diagnostic and Therapeutic Technology and System Focused Practice. In these branches,
students are paired with a faculty member to provide career counselling and assist with implementation of their Capstone project. An example of a Capstone in our department was the analysis of academic spam that we all receive.

For Urology hopefuls, interviews happen early in October and November with our match list finalized in December. During this time, students continue with clinical enrichment, mandatory clinical rotations and put effort towards finishing their longitudinal Capstone project. Students now also complete a residency preparation course called a boot camp specific to their specialty prior to graduation.

Hopefully that has clarified some of the terminology and thoughts behinds this new curriculum.

More details are available on the Medical School Website:

https://medicine.umich.edu/medschool/education/md-program/curriculum/diagrams